

"Sample Letter of Medical Necessity"

Date

Insurer Name

Insurer Address

City, State, Zip Code

Re: Patient's Name
Policy Number
Group Number
Date of Birth

To Whom It May Concern:

I am writing to notify you of my intent to treat Mr./Ms.
with Apligraf[®] which is a bilayered skin substitute used to treat diabetic foot/venous stasis ulcers.
The patient's medical history is as follows:

Apligraf was approved for marketing by the FDA for the treatment of venous stasis ulcers on May 22, 1998, and approved for the treatment of diabetic foot ulcers on June 20, 2000. Apligraf has been shown to heal more of these wounds faster. I believe my patient will benefit from this therapy. Please feel free to contact me if additional information is required to process my request for coverage.

Sincerely,